



4-12-03

2881/8

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

Approved for use through October 2011 GPO:2009-092

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

# **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number 09/812,123
		Filing Date March 19, 2001
		First Named Inventor Per Andersson
		Art Unit 2881
		Examiner Name N. Wells
Total Number of Pages in This Submission 1		Attorney Docket Number HO-P02138US0

**ENCLOSURES** (*Check all that apply*)

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/> Amendment/Reply                                     | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):            |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Request for Refund   | 11 References  |
| <input checked="" type="checkbox"/> Information Disclosure Statement         | <input type="checkbox"/> CD, Number of CD(s) _____                                      |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              |   |  |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Remarks  |  |

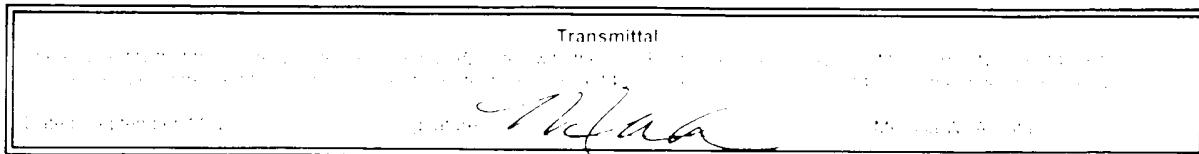
## 11 References

SEP 16 2003  
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	FULBRIGHT & JAWORSKI L.L.P Melissa W. Acosta
Signature	



SEP 10 2003

PTO/SB/17 (08-03)

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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ ) 180.00

**Complete if Known**

Application Number	09/812,123
Filing Date	March 19, 2001
First Named Inventor	Per Andersson
Examiner Name	N. Wells
Art Unit	2881
Attorney Docket No.	HO-P02138US0

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  Other  None

Deposit Account:

Deposit Account Number 06-2375

Deposit Account Name Fulbright & Jaworski L.L.P.

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION (continued)**

**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
1053	130	1053	130	Non-English specification
1812	2,520	1812	2,520	For filing a request for ex parte reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action
1251	110	2251	55	E-tension for reply within first month
1252	410	2252	205	E-tension for reply within second month
1253	930	2253	465	E-tension for reply within third month
1254	1,450	2254	725	E-tension for reply within fourth month
1255	1,970	2255	985	E-tension for reply within fifth month
1401	320	2401	160	Notice of Appeal
1402	320	2402	160	Filing a brief in support of an appeal
1403	280	2403	140	Request for oral hearing
1451	1,510	1451	1,510	Petition to institute a public use proceeding
1452	110	2452	55	Petition to revive - unavoidable
1453	1,300	2453	650	Petition to revive - unintentional
1501	1,300	2501	650	Utility issue fee (or reissue)
1502	470	2502	235	Design issue fee
1503	630	2503	315	Plant issue fee
1460	130	1460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
802*	40	8021	40	Recording each patent assignment per property (times number of properties)
1805*	750	280*	375	Filing a submission after final rejection (37 CFR 1.129(a))
1810*	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))
1801	750	2801	375	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination of a design application
Other fee (specify)				

**SUBTOTAL (1)** (\$ ) 0.00

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
<input type="checkbox"/>	-** = <input type="checkbox"/>	x <input type="checkbox"/>	= <input type="checkbox"/>
Independent Claims	-** = <input type="checkbox"/>	x <input type="checkbox"/>	= <input type="checkbox"/>
Multiple Dependent			= <input type="checkbox"/>

**Large Entity** **Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** (\$ ) 0.00

\*\* or number previously paid, if greater. For Reissues, see above

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$ ) 180.00

SUBMITTED BY

(Complete if applicable)

**Fee Transmittal**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER 147061932 US, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Submitted on 10/10/2003

Received on 10/10/2003

*[Handwritten Signature]*